



**Healthy Children
Learn Better**

**District Summary of Health Services Encounters
January 28 – February 8, 2008
(Please complete one summary form per school district)**

Name:

Title:

Date:

School District:

Phone:

Survey period from January 28, 2008 thru February 8, 2008

1.

Data Element	Elementary	Middle	High	Other	TOTAL
Student Encounters					
Medications					
Illness Treatments					
Injury Treatments					
Student Health Counseling					
Parent/Teachers Communication					
Students Returned to Class					
Students Sent Home					
Staff Encounters					

2.

Special Procedure	Elementary	Middle	High	Other	TOTAL
Catheterization					
Tracheostomy Care					
Suctioning					
Diabetes Monitoring					
Tube Feeding					
TOTAL					

3. Total amount of time that nurses spent documenting or billing for services: _____ hours _____ minutes

4. Total number of nurses working in your school district: _____

5. Total number of nurses participating in the survey: _____

6. Number of days that school was in session during the survey period: _____

Thank you for your voluntary participation in this survey!

Please return the survey by March 14, 2008 to:

Cathy Young-Jones, RN, MSN

School Health Nurse Consultant

FAX: (803) 898-0577 / Email: youngjcm@dhec.sc.gov